If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

(Year)

Date of onset

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SFP 4 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU Y.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

V. S. No. 1

1	. PLACE OF DEA	ATH			Begintration Diet No. 350	
	County Word	ester		ALL HIM CA.	Registration Dist. No.	
	Village or City_P	aciomake i	City		ND. St.,	Ward
	Length of residence in	city or town where d	leath occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	ds.
1	. FULL NAME I	evin Jes	tley Ber	anchamp	If U. S. Veteran, specify WAR	
	(a) Residence: No.	*********	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
and the same of	PERSONAL A	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH COCOMORE City, August 2nd. 1936 (Month) (Dev) (Ye	ear)
5a.	if merried, widowed, or di	vorced		A STATE		
	(or) WIFE of Grace	e A.Bean	champ		i HEREBY CERTIFY, Thet I attended decease	d from
	DATE OF BIRTH (month, d	lev and year) T	lw9th 18	359	Viest saw har alive on and 877, 193 Cdeeth	is said
-	AGE Years	Months	Deys	If LESS then	to heve occurred on the date steted above, at a.O.O.A.m.	
	. 77	**	24	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
z	Trede, profession, or	perticular			Date o	ofonset
2		e, as SPINNER, EEPER, etc.	armer		- 10 f	
UPA	9. Industry or business work wes done, e SAW MILL, BANK	s SILK MILL,			Terosua My otars letise	
OCCUPATION	SAW MILL, BANK 10. Date deceased last w this occupetion (m	vorked ef arch	11. Totel ti	me (years)		
-	year)	1936	OCCL	pation	Dther Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town					
~	(State or country)		ryland.			
HE	13. NAME Tovin	T. Beauch	hamp			
FATHER	14. BIRTHPLACE (city or		set Cow	167	Neme of operation Date of	~~~~
	(Stete or country)		V.LS.MQ.		What test confirmed diagnosis? Was there en autopsy?	
MOTHER	15. MAIDEN NAME		Inite		23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
MO	16. BIRTHPLACE (city or (Stete or country		Tond	AVY	Accident, suicide, or homicide?	
			Daniel on		Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
17.	17. INFORMANTING. Raymond C. Dryden (Address) Pocomolte City. Haryland.				Specify whether injury occurred in INDOSTAT, ill NDME, of ill POBLIC PLACE.	
.18.	18. BURIAL, CREMATION, OR REMOVAL				Menner of injury	
Place Place Place 19 36			Peter I.S. A	th., 19 30	Nature of injury	
19	19. UNDERTAKER Veryout Stevenson			un	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) OCOI	noke City	r Joryla	ind.	If so, specify	
20,	FILED ang. 3	, 19 36. frs	son 1. 12	eley	(Signed)	M. D.
-				Registrar.	(Address) Justinute city	14

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-PLATNLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

N. B.-WRITE

V. S. No. 1

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIF	ICATE	OF	DEATH
--------------------------	-------	----	-------

8674

1. PLAC	CE OF DEA	TH			(87-2)	0	
County Torcester WITHIN CORPORAT					Registration Dist. No.	0	
Villag	ge or City Pog	comoke C	lity		No. 7th. & Valnut Sta	Ward	
Lengti	h of residence in c	ity or town whara	death occurred	(I) yrs*mos	f death occurred in a hospital or institution, give its NAME instead of street and numb	er) ds.	
2. FULI	L NAME S	amuel Jo	nes Bow	en	If U. S. Veteran, specify WAR		
(a) R	Residence: No	Girdlei	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PER	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH POCOMOKE City, August 2nd. 193 (Month) (Oev)	6 (Year)	
5a. if marriad HUSBAN (or) Wif		orced			22. I HEREBY CERTIFY, That I attanded decay		
(01)					my 2, 19,3 6, to ang 2.	19.3.6	
6. DATE OF	BIRTH (month, da	y, and year) []	ine 19th	1.1929.	I last saw h. sies alive on Cesse 2 , 1936; das	eth is said	
7. AGE	Years	Months	Oeys	If LESS than 1 day,hrs.	to have occurred on the date stated above, and 30 Plane		
	7	1	14	ormin.	The PRINCIPAL CAUSE OF DEATH and raleted causes of importanca were as follows:	te of onset	
8. Trade	e, profassion, or p	as SPINNER,	In Schoo	1			
	AWYER, BOOKKE stry or business i				Couvillais		
S S	stry or business i rork was done, as AW MILL, BANK,				Tel or hu side		
O th	daceased last wo his occupation (mo ear)	onth and	spei	ma (years) **	Primary cause of the coronelsions; unknown		
				ipation	Other Contributory Causes of importanca:		
	ACE (city or town) or country)	Girdle	land.		- na fronton volormation. Physician only dow		
	Samuel				- patient once; could not make non securate.		
I					diagnosis		
L 14. BIRT	HPLACE (city or t State or country)	own) Girdl Maryl	and.		Name of operation Oete of What test confirmed diagnosis? Was there an autop:		
15. MAIO	EN NAME R	wth Jon	es		23. If death wes due to external causes (VIOLENCE) fill In also the following:	by!	
-	HPLACE (city or t	own)_Jara	ester Co	ounty	Accident, suicide, or homicide?Oete of injury	19	
2 (Stete or country)	<u> </u>	yland.		Where did injury occur? (Specify city or town, county and State)		
17. INFORMANTSamuel C. Bowen (Address) Girdletree, Maryland.				•	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL				412	Manner of injury		
Place indictive Id Pate ANS 4th., 19 36				4th., 19 36	Nature of injury		
19. UNOERTA		con P.	Stew	euson	24. Was disaese or injury in any way ralated to occupation of deceased?		
(Addr	ass) Pocom	01 4	y, Haryl	and,	If so, spacify		
20. FILED	29,3	19.36. frd	m. J. 1	lely	(Signad) alguarder	M. O.	
				Registrar.	(Addrass) / Seawate City	ud	

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- 1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Viscoured Saw This patient mutil coppled to attend him
for a community of Dio on the day of his heath. Vary
mener able to relieve the seigning consumures or to
every relaxing from his community soil seignines.

This is the Jud child in this to will who had died in the sun

WITH UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAI

V. S. No. 1 N. B.-

STATE OF	MARY	LAND-CE	ERTIFICA	TE O	F DEATH
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0	5	0		P	
1	7		1	Þ	1
8	1	3	0	Ŗ)

	L. PLACE OF	F DEA	TH		14	LIMITS OF			
	County_W_	orce	ster	****	Wills	IN CORPOBATE LIMITS OF	Registration Dis	t. No. 33	50
			ocomoke.			No. death occurred in a hospital or institute. ds. How long in U.S. If o			
			attie II.				specify WAR		
	(a) Residen			(Usual place		St., Ward.		city or town and	State
	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE O	F DEATH	
	sex emale		or or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Pocemole City	August (Month)	20th.	, 1936(Year)
5a.	If married, widow HUSBAND of (or) WIFE of		orcod Brittiné	gham			CERTIFY.	-9	
	AGE Yea	73	Months	Days 28	If LESS then 1 dey, hrs. or min.	I last saw h alive on to have occurred on the date stete The PRINCIPAL CAUSE OF DEAT were as follows:	debove, av 1.30	A _m .	e; death is said
	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this jife				The intertinal obstrations It was	notion was a	y 0	17	
	(State or cour	ntry)	Recemel Mar: Masen	yland.		Lutistical		chon	- Jew
FATHER	14. BIRTHPLACE		own Marces	ter Cou	nty	Name of operation			aulopsy?
15. MAIOEN NAMEI riscilla Brittingham 16. BIRTHPLACE (city or town) Somerset County (Stete or country) Faryland.						23. If death was due to external cat Accident, suicide, or homicide? Where did injury occur?		e of injury	, 19
17. INFORMANTMES. The Lma B. Brittingham (Address) Pocomoke City, Karyland.					gham and.	Specify whether injury occurred in	n INDUSTRY, in HOME	, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place OCOLO Gitz Adpate A.S. 23rd, 19.56.					23rd, 19.56	Manner of Injury			
19. UNDERTAKER AND					nd.	24. Was disease or Injury In any w	ray related to occupation	n of deceased?	no
20	FILED COLL	よ人	19.56	m//le	Registrar.	(Signed) (Address)	romode	al-	med".

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Cerebral hemorrhage 1 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	11		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U.S. if of foreign birth? statement If U. S. Veteran, specify WAR (a) Residence: Np. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write The word) (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Davs If LESS than to have occurred on the date stated above, at, 1 day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER: SAWYER, BDDKKEEPER, etc. may 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc AD. Dete deceased last worked a 11. Total time (years) spent in this this occupation (month an year) occupation_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) efully What test confirmed diegnosis d MOTHER 15. MAIDEN NAME in 23, If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (cité or lown DEATH (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury AUSE LION Neture of Injury 24. Was disease or injury in act 19. UNDERTAKER (Address) If so, specify (Signed) 2D, FILED. Registrar.

BINDING

RESERVED

MARGIN

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Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 4 1004	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

20. FILED aug 231934 AM

STATE OF MADVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	() (
County Worcester	Registration Dist. No. 352
Village or City newark Ind	No. St., Wi
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where dasth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mellie In 1370	w
(a) Residence: No. nevale 2nd	St,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug. 21, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attanded deceased fr
A DATE OF BURTH (most do not man) Age 1 30 1935	10)
6. DATE OF BIRTH (month, day, and year)	I last saw half alive on Que g 1936 ; death is s
77	to have occurred on the date stated above, at
y 2/ 1 uay,min.	wara as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	01000
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Checlos Sonfulu Emy
work was done, as SILK MILL, SAW MILL, BANK, etc.	ļ
10-Date deceasad last worked at 11. Totel tima (years)	
this occupation (month and span in this occupation occupation	
12. BtRTHPLACE (city or town) Postphol Val	Other Contributory Causes of importance:
	-
13. NAME TANKS 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stale or country)	Name of operation Deta of
(State of Country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Prettie In Richard 16. BIRTHPLACE (city or town) Preudo R (State or country)	23. If daeth was dua to axternal causes (VIOLENCE) fill in also tha following:
6 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of injury, 19
State or country)	Whate did injury occur? (Specify city or town, county and State)
17. INFORMANT Aury 35 mm (Addrass)	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Cedur Chaple Date Huy - 23,193	Netura of injury
19 UNDERTAKER J. W. Bulliage	24. Was disease or injury in eny way related to occupation of deceased? My
(Address) Barlin Du	if so, specify

Ward

Date of enset

vrs._____ds.

hat I attanded deceased from

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrals & CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Seb 2 123			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

stat UPA	1. PLACE OF DEATH	(As)
ould	County Horcester	Registration Dist. No. 353
-	Village or City Bishopville	NoSt.,Ward
9	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS nt	Length of residence in city or town where deeth occurred	ds. How long In U. S. if of foreign birth?mosds.
CIA	2. FULL NAME John emberton Cal	lens If U. S. Veteran, specify WAR
PHYSICIANS act statement	(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
t t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. PE Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH august 26 193 6
TT ed.	5a. If married, widowed, or divorcad	(Monyl) (Day) (Year)
Cigin	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X A	0 00 1001	ang 26, 19 3L, 10 ang 26, 19 %
	6. DATE OF BIRTH (month, dey, and year)	I last saw h_ AL alive on alive on alive on 19_ 25 ; death is said
stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
stated proper ertific	9 8 7 ormin.	were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKERPER atc	Iles Colles anglis.
be tof	Ontition, bootinger and other	
may back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
sho t it r on b	10. Dete deceased last worked at 11. Totel time (years)	
63 + 63	this occupation (month end spent in this occupation	
AGE that ions	Bechanielle	Other Contributory Canses of importance:
so ucti	12. BIRTHPLACE (city or town) (State or country)	- unmvu
supplied. AGI n terms, so tha ee instructions	E 13, NAME Warmy C. Cullins	
# 45	E	Neme of operation. Date of
-= 70	14. BIRTHPLACE (city or town)	What test confirmed diegnosis?
efully in pla ant.	# 15. MAIDEN NAME Mysta M. Heckman	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
	The second secon	Accident, suicide, or homicide?
ca TTH por	16. BIRTHPLACE (city or town) 16. (Stete or country)	Where did injury occur?
ld be car DEATH y import	No al a Collin	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
	17. INFORMANT BISHER WILL MA	opening mixing injury security in mount, in mount, or in observe tende.
	18. BURIAL, CREMATION, QR REMOVAL	Manner of injury
[T]	Place Bushopville, Mare Ciary 29, 1936	Nature of injury
CAUSE TION is	m. Oad note	
CA	19. UNDERTAKER // CASKA // CASKA	24. Was disease or injury in any way related to occupation of deceased?
	(nouses) settinguelle dell'	(Signed) Ca Attle d M. D
(1)	20. FILED Line 2 1, 19.36 Rigistrar.	(Address)
1	Agurar.	

V.S. No. 1

N. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN' RECORD. Every item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No.

If nonresident give city or town and State

21. DATE OF DEATH (Month) CERTIFY. That i attended deceased from to have occurred on the dete stated above, at A The PRINCIPAL CAUSE OF DEATH end related causes of importance Oate of onset Other Contributory Causes of importance: What test confirmed diegnosis?_____ Was there an autopsy? M 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______19_____ Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupetion of deceased? Registrar. (Address) If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

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BINDING

RESERVED

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related eauses Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

t et -	STATE OF MARYLAND-	CERTIFICATE OF DEATH \$681
state UPA-	1. PLACE OF DEATH	(Q)(Q)
	County Worrester	Registration Dist. No. 952
tem of should of OCC		No. No. No. No. No. No. No.
sho of O	Village or City Geeus Elly	death occurred in a hospital or institution, give its NAME instead of street and number)
~ W ~	Length of residance in city or town where deeth occurredyrs3mos	
(D. Every YSICIANS statement	2. FULL NAME William & The	dle
o. F	(a) Residence: No. Clark's Summis	SNOPG Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, WARRIED, WIDOWED,	21. DATE OF DEATH COLD AG 6
	Male Col OR DIVORCED (write the word)	(Month) (Day) (Yaar)
ING NEN CT I	5a, If married, widowed, or divorced	(Vay) (Taal)
MAN A C A C	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, hat I attanded deceased from
BINDIN PERMAN EXAC y classificte.	1 .00:-	19 to 25 19
BINJ PERM EX Z ly cla	6. DATE OF BIRTH (month, day, and year) / 1996 10 18 73	I last sowh aliva on 19 deeth is sei
R A l ed	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
FOR BIS A PE stated E properly certificate.	5/ 1/2 /6 ormin.	The PRINCIPAL CAUSE OF DEATH and relater causes of Importance wara as follows:
- 70	8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	CATTLE OCCORD Cugh
(T) H	SAWYER, BODKKEEPER, etc.	J
RVI ould may back	SAWYER, BDDKKEEPER, etc. S. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	C.
INK.	U 10. Date deceased lest worked at 11. Total time (veers)	
	this occupation (month and / 5 3 6 spent in this occupation / o	
ARGIN RE NFADING pplied. AGI erms, so tha instructions	AG.	Other Contributory Causes of Importance
IN	12. BIRTHPLACE (city or town) (Stata or country)	Come correct
MARGIN UNFADI supplied. n terms, see instruct		
	II / Willy formally	
T - 0	14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of
L pla		What tast confirmed diagnosis?
INLY, WITH be carefully EATH in pla	T / tutte Face	23. If daath was dua to axternal causes (VIDLENCE) fill in elso the following:
ATH nport	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
be Branch	7/2/1	Where did injury occur? (Specify city or town, county and State)
Id blub.	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Calacte's Summer Val	
	Place Maruley Va, Date My, 29, 1936	Menner of Injury
-WRITH mation s CAUSE TION is	1)	Nature of Injury
	19. UNDERTAKER . L. L. J. Joursage	24. Was diseasa or injury in any way related to occupation of dacaased?
No.	(Addrass) Suslin Mad.	If so, specify
5 7 (T)	20. FILED 8/27", 1936 J.S. Munfoul	(Signed) M. I
- "	Registrar.	(Address) Ween By
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis SEP & LINE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Down			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Ward

Date of onset

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Chronic interstitial nephritis		Run over by street car	1 week ago
Cerebral hemorrhage SEP 2 100	July 5,1927	Peritonitis	3 days ago
MINERY V	S. 11		
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING LAND Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(57)
County Worlesfer	Registration Dist. No. 352
Village or City Bushin Md K-	Ap. 10. St., We death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. 28 ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Emma Lew	<u>Co</u>
(a) Residence: No. Sulin And	, St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. \$EX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oug 30 193 6
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Theas Lewis	22. I HEREBY CERTIFY, That I attended daceasad for
6 1991	19 10 7 80 , 19 0
6. DATE OF BIRTH (month, day, and year) (144, 2, 188) 7. AGE Years Months Days I If LESS than	I last saw half aliva on 1936; death is s
57 - 28 1 day,hrs.	to heve occurred on the date stated above, et
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, atc	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and the country in this) this occupation (month and the country in this)	architis Deformano 1922
10. Date deceased last worked at this occupation (month end / 9 29 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Ropert Serves	
13. NAME A FIRST Jewes 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & arolling Hashess	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carollis Haskey 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Elius Lewis (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACE SUN Joyl Date Culy 31, 1926	Manner of Injury
19. UNDERTAKER J. L. J.	24. Was disease or injury In any way related to occupation of deceased? No
20. FILED Ring 31, 1936 I V Migusterel	(Signed) C 9 Holland M
hlefothegistrar.	(Address) Yalum Wid

V. S. No. 1

ż

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Example 1	ti	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PARTAIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

19. UNDERTAKER

(Addrass)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8684
1. PLACE OF DEATH	SERVINIONIE OF BEATT
4	(82-2)
County Wegler	Registration Dist. No. 353
Village or City Jushap Ille	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2.	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Lagure 6. Julius	nford
(a) Residence: No. J. S. S. May (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ang 22, 193 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Thomas. Muniford	22. I HEREBY CERTIFY, That I attended deceased from 19. 8 b, to Aug 2 2 19. 2 5
6. DATE OF BIRTH (month, day, and year) Man, 8 /873	I last saw h. Ln. alive on Qua 22
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
63 5 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
9 Trade profession or particular	Cerebrol Hames hage Cuyl-x
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and	
O 10. Date daceased last worked at this occupation (month and years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	200
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret E. VKWILL	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Data of injury, 19
17. INFORMANT Maynas Missinfuel (Address) Bushon Mile and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Sucles Date all 25, 1936	Natura of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, spacify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage State ASI V. S.	July 5,1927	Peritonitis	3 days ago
Approximate the second	122		
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8683
1. PLACE OF DEATH	210-2
county Worces les.	Registration Dist. No. 302
Village or City Berlin.	No. St, Ward
Length of residence in city or town where death occurred yrs mps.	death occurred in a hospital or institution, give its NAME instead of street and number) 7.5. How long In U.S. it of foreign birth?
2. FULL NAME Reid W. Munni te	husken
(a) Residence: No. Rel Cur Sarrey	(Str.) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write Wing word) OR DIVORCED (write Wing word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) The 16-1910	l last saw h fine alive on and I I 1936; death is said
7. AGE. Years Months Days If LESS than	to have occurred on the date stated above, at . H. Pm.
26 1 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z of Irado, profession, or particular	were as rollows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Shock
A doubtry or business in which work was done, as SILK MILL, Lechnical man, SAW MILL, BANK, etc.	Harmanhaa
Shadustry or business in which work was done, as SHNNER, SAWYER, BOOKKEEPER, etc Shadustry or business in which work was done, as SILK MILL, Eclurical SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and Day 131). Total time (years) spent in this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
year) , occupation	Other Contributory Causes of Importance:
tz. BIRTHPLACE (city or town) Maryland. (State or country)	
13. NAME) Lack Munni Chungson	
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Virguia Perd.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Virguia Reid. 16. BIRTHPLACE (city or town) Oth Carolina (State or country)	Accident, sulcide, or homicide? ACCCCC. Date of injury & 18., 1936.
Scare of country)	Where did Injury occur?
17. INFORMANT OF W. Marry (1. Tenders)	Specify whether Injory occurred In INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bel air, Md Date Rug 21, 1936	Manner of Injury Carlo oursturned Nature of Injury Purcline of Atlanta
19. UNDERTAKER W. Burbose. (Address) Berlin only	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED aug 18, 19 F b IV Munford	(Signed) has Pi faw M.D. (Address) Birlin Md
If more blanks are needed address State Registrar	October Street Religions Providence 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitud nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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10	2	Ŋ.	8		
	8	2	1	0	1

484	ST
nfo sta JP	1. PLACE OF DEATI
M je po	County Wordes
very item of ANS should	Village or City_Poc
NS it	Length of rasidence in city
Syer IAN mer	2. FULL NAME RO
GECORD. Every PHYSICIANS Exact statement	(a) Residence: No7
Et Pico	PERSONAL AND
Exa	3. SEX 4. COLOR
	Male W
INDING RMANENT X A C T L classified.	5a. If marriad, widowad, or divorce HUSBAND of (or) WIFE of
IND IND X A Class	
BJ PEJ rly sate.	7. AGE Yeers
FOR B IS A PE stated E properly certificate	**
Lee S O	8. Trade, profassion, or perticular kind of work done, as SAWYER, BOOKKEEPE
RESERVEI G INK—TH) GE should b that it may b ons on back o	kind of work done, as SAWYER, BOOKKEEPE 9. Industry or business in work work wes done, as SIL SAW MILL, BANK, etc 10. Oate deceased lest works this occupation (month)
ESE INK E sh at it	10. Oate deceased lest worke this occupation (month year)
7 4 7 0	12. BIRTHPLACE (city or town) (State or country)
RG IFA liec ms, ms,	# 13. NAME Marion
MARGIN TITH UNFADIN ully supplied. plain terms, so t. See instructi	14. BIRTHPLACE (city or town (State or country)
ully pla	
E PLAINLY, WITH should be carefully C OF DEATH in pla	15. MAIDEN NAME GOOT
EAA.	37 37
Ty Black	17. INFORMANT INS. JUST
RITE PL tion shoul USE OF D	18. BURIAL, CREMATION, OR REA
-WRIT mation CAUSE TION i	00000
C. T	19. UNDERTAKER (Address) (Address)
V. S. No.	
» z	20. FILED dug. 13, 19.

		317	IL U	INITIE	ILAND	CERTIFICATE OF DEATH
1	I. PLACE OF	DEATH			WITHIN CORPU	(/)
	County	oncest	er		Miteria a	Registration Dist. No. 350
	Village or Cit	y Paco	make (City		No. 714 Fourth St. Ward
						death occurred in a hospital or institution, give its NAME instead of street and number)
				ath occurred*	yrs &mos	26. ds. How long in U.S. if of foreign birth?yrsmosds.
2	2. FULL NAW	TE Rob	ert W.	Outten		If U. S. Veteran, specify WAR
	(a) Residence	e: No. 7]	4 Four			St., Ward.
100	PERSONA	AL AND C	TATISTIC	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3 1		4. COLOR OR	- 1		RIED, WIDOWED,	21. DATE OF DEATH
				OR DIVORCED	(write the word)	Pocomoke City August 13th. 193 6
-	ale I	The state of the s	ite	511	ngle	(Month) (Day) (Year)
Ja.	. If marriad, widoward HUSBAND of (or) WIFE of	a, or alvorcad				22. 1 HEREBY CERTIFY That I attended decaased from
	(01) 11112 01					dug 134, 136, 10 day 13ch 1936
6. 1	DATE OF BIRTH (m	nonth, day, and	yaer)Febi	mary 1	8th.1936	I last say he alive on alive on alive of the is said
7.	AGE Yeers	s	Months	Oeys	If LESS than	to have occurred on the data stated above at 2.5.5.1.m.
	>	**	5	26	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Z	8. Trade, profess	sion, or perticul	ar		-	Date of onset
2	SAWYER, E	ork done, as SP BOOKKEEPER, (etc	Iona	7	edocky Enterely
T.	9. Industry or bu	usiness in whic done, as SILK I ., BANK, etc	h MILL,		4	
3	SAW MILL			11. Total ti	ma (vaara)	
ŏ	this occupa	ation (month an	d	spen	tin this	
T			1 -		potion	Other Contributory Causes of importance:
12.	. BIRTHPLACE (city (State or count		comeks			
×	13. NAME	oni on	S. Out			
T T	- Ave	STITUTE	ocomo	2 011	-	
Y Y	14. BIRTHPLACE (Varrel	and or of	-2	Name of operation Oete of
2			2 6 3 6 A	CLAIL		What test confirmed diagnosis? Was there an autopsy?
7	15. MAIDEN NAM	E GCOL	Carrier III a	SUL		23. If death wes due to externel causes (VIOLENCE) fill in also the following:
C	16. BIRTHPLACE ((State or c		Unist	and.	**-**	Accident, suicide, or homicide?
			die bed by d	. 6 6.1.1.0. 0		Where did Injury occur? (Specify city or town, county and State)
17.	.INFORMANT			utten		Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATIC	OCOMOIC		y, Haryl	and.	
1	Place 2000	Cemete holte-C	107	n Date AVE.	15th., 3	Manner of injury
-	(1),	24		X-/-		Nature of injury
19.	. UNDERTAKER			XILU	wan	24. Was disease or injury in any way related to occupation of deceased?
-			· Up	Maryla	21	If so, spacify
20.	FILED ang.	13,193	e. fr	m, K	Registrar.	(Signed) M. D
			If more h	lanks are needed a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
			-,			-yes an County Dummer, Acquesting O. 3. 140, 1.

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BUREAU V. S.	1 3		
Participant and market property and the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 3 - 1/4"

This faturat gare a history of burney her such our house
entrain con called 7 del rech and a companie in
was mentioned and tentendence by return 108.
Jall & gold do. And disturbage remake but the
diading Symptom of its much sierces M.S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

5686

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

4 Y 15 T

STATE OF MARYLAND-CERTIFICATE OF DEATH

8687

1. PLACE OF DEATH	20
2 County / scession	Registration Dist. No. 35/
Millage or City Mow / Lie	NoSt., Ward
1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. i1 of foreign birth?mosds.
1/2-11-+(1) 1/2	
2. FULL NAME TO THE CONTRACT OF THE CONTRACT O	LLIf U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 - 193 6 (Month) (Oay) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Melaren Presett	1930 to Way 201
6. DATE OF BIRTH (month, day, and year Dent 20 1905	last shy hand alive on 116, 2 3 193 lo ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 40 Pm.
30 // = 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Ipiloyes.
8. Trade, profession, or particular kind o1 work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	fulmonary retercularis impus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation year)	
12. BIRTHPLACE (city or town) Ip od well f	Other Contributory Causes of importance:
(Stete or Eduntry) 13. NAME De rage force U	Dorline
13. NAME 1 14. BIRTHPLACE (city or town) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of operation
(State of County)	What test confirmed diagnosis?
15. MAIOEN NAME See See See	23. I1 death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. States country	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18/BURIAL, CREMATION, OR REMOVAL	Manner of injury
Date Date 1,195	Nature of injury
19. UNDERTAKER BUISH SHEDEN LAN	24. Was disease or injury in any way related to occupation of deceased!
(Address) ocomores enty, my	If so, specify
20. FILED 8/2/, 1936 XEROY Secrets	(Signed) (Address) Add Association (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

N. B.

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	Example 1		Example II	
The principal cause of importance were as	follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	SEP 4 1930	July 5,1927	Peritonitis	3 days ago
-	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	1911
Gallstones		May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/24 2 4.			
11 60 10 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS B	PHYSICIAN
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BINDING

MARGIN RESERVED

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEF	1921	Run over by street car	1 week ago
Cerebral hemorrhage W. S.	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

MARGIN RESERVED FOR BINDING

	0	MIL C	I MITAIN	ILAND	CERTIFICATE OF DEATH	0000
	1. PLACE OF DEAT	H			6.20	
	County Wor	ceoler			Registration Dist. No. 3 3 2	
	Village or City	Berli	i. Rio	1. D.	No. St.	Ward
	Langth of residence in city	or town whose d	looth conversed		death occurred in a hospital or institution, give its NAME instead of street and	number)
	1	or town where o	l / /	7 11	ds. How long in U.S. If of foralgn birth?yrs	nosds.
	2. FULL NAME	eorgi	· W ·	Jullen		
	(a) Residence: No	12001	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
adb	PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH	d Didic
3.	SEX 4. COLOR	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
-	male with	rite	OR DIVORCED	(write the word)	(Month) (Day)	., 193.6
5a	. If marriad, widowed, or divor	ed			(month) (bay)	(1eat)
	(or) WIFE of	med.	E. 2.	11 llen	22. i HEREBY CERTIFY, That i ettanda	
			0	1848	, to	
_	AGE Years	Months	Days	if LESS than	to heve occurred on the date steted above, at 6 _ m.	; death is said
	about 88	onting	Julys	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
_	9	ticular	1	ormin.	wera as follows:	Date of onset
OCCUPATION	8. Trade, profassion, or per kind of work dona, a SAWYER, BOOKKEEP	s SPINNER, ER, atc			P. L.	
PAT	9. Industry or business in	which 🗸	+ , , ,		Klaura .	
UCC	work wes done, as SI SAW MILL, BANK, at 10. Data dacaasad last work		ured.	arner.	Hemorrhose.	
ŏ	this occupation (mon	th and	11, Total ti	nt in this 60 yr		
	1001/	70	0	1	Othar Coutributory Causes of importance:	
12	(Stata or country)	- Yu	anyla	uq.,		
2	13. NAME Cant.	for i	Ö.	00.		
FATHER		revi	ni	uen.		
FA	14. BIRTHPLACE (city or tow (State or country)	/n)	N. A.		Name of operation Date of_	
ER	15. MAIDEN NAME ON	Ttio. Y	Piglia	· fer	What test confirmed diegnosis? Was thara an	
MOTHER		-	50 A	wer of	23. If death was due to external causas (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
MC	16. BIRTHPLACE (city or tov (Stata or country)	/II)			Whara did injury occur?	, 19
17	INFORMANT DAME:	Pete	Jaist	1	(Specify city or town, county and St Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)
17	(Addrass)	13.	200	med		
18	BURIAL, CREMATION, OR RE	MOVAL	D	11 5	Manner of Injury	
	Placa(reem.	- Dete JYU	9 16,1936	Nature of injury	
19	. UNDERTAKER	J.W,	Burl	age	24. Was disease or injury in any wey related to occupation of deceased?	
_	(Address)	10	Selei	mo	, If so, specify	
20	FILED aug 15-1	36 12	Muyor	afred	(Signad) Las. Cars	M. D
-			ply	Registrar.	(Address) Berlin We	4
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	71	Example II	45
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Laveek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	- margin		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PHYSICIANS should state of OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 8691
County Wercerta WITHIN	Registration Dist. Np. 350
Village or City Length of residence in city or town where death occurred	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Hatte Green	
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Control Control (or) WIFE of Control (or) WIFE	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Palast say her allve on Que 9 1974; death is said
7. AGE Years Months Days If LESS that I day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	Diher Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Tolked formed	
13. NAME State of Country) 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SECOND 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Herring P. P	23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR ARMOVAL	Manner of injury
19. UNDERTAKER AND LOS STATES OF THE STATES	
20. FILED Registra	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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N. B.

	OF DEATH			82-0
County_	Mercester			Registration Dist. No. 35 T
Village	or City Girdlet:	ree		NoSt,
Length of	f residence in city or town who	are death occurred		f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
		Lliam T.A	ichardso:	nIf U. S. Veteran, specify WAR
(a) Res	idence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH ARGUST 14th., 193 6. (Month) (Day) (Year
5a. If married, w	ridowed, or divorced of			
(or) WIFE	of Edith Rich	ardson		22. I HEREBY CERTIFY. That I attanded decassed
1	TH (month, day, and year)	Not known	1874	I last sawh in alive on any 7,1, 1936; death is
7. AGE	Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at QQA.om.
	62 **	**	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
9. Industry work SAW 10. Oate da this year 12. BIRTHPLAC	of work dona, as SPINNER, YER, BDDKKEEPER, etc or business in which k was dona, as SILK MILL, MILL, BANK, atc ceased last worked at Acceptation (month and 1) E (city or town) country)	11. Total ti 35. 11. Total ti span occu letree, ryland.	me (years) It in this jfe	About 2 fiss. Other Coutributory Causes of importance:
14. BIRTHPI	LACE (city or town)	1 0	ounty,	Nama of operation Date of Was there an autopsy? Was there are autopsy? Date of
16. BIRTHPI (Sta	LACE (city or town) 10 PC te or country)	ryland. ichardson	inty	23. If death wes dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
31 0 4 9	MATION, OR REMOVAL	Date 12g. J	L6th., 19. 36	Manner of injury
19. UNDERTAKE (Address		May W	nd.	24. Was disaasa or injury in any way related to occupation of dacaased? And If so, spacify Signed Delegation
	1		Registrar.	(Addrass) - I - III

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	t.
Gallstones	May 1,1923	Gastroenteritis	1 year
VIII.			

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	SEP ~ LAND	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HISEAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes Gallstones	of importance:	Mau 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
daweenee		111191,2000	(Justi Volto Eliv	1 year

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

t e i:	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	23
n of i	County Hoppesler	Registration Dist. No. 355
should of OCC	Village or City Whaleyville	No. St., Wa
		If death occurred in a hospital or institution, give its NAME instead of street and number) Sds. How long in U.S. if of foreign birth?yrsmos
CORD. Every PHYSICIANS	2. FULL NAME Helen V. Showe	U If U. S. Veteran, specify WAR
D. F SIC	(a) Residence: No.	St. Ward.
HY t st	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
A P. E	OR DVORCED (write the word)	Elly 7/ 193 G
IT L	5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I ettended daceesed fr
E SKE	7/10 1015	19.30 to accept 19.30
B] PE	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at
FOR B. IS A PE stated E properly certificate	21 6 11 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and raietad causas of importance
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date oloni
ED Pe	SAWYER, BOOKKEEPER, etc.	asthura 6/3
RVE [Ould may back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
N S S S S S S S S S S S S S S S S S S S		
REST INTERPRETED IN STATE OF S	year) Morel 1936 occupation	Other Contributory Causes of importance
A 7	12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importance: Sulcurreary Suchrules 3/3
MARGIN RE UNFADING supplied. AGI n terms, so tha		
	I Multiple	Neme of operation
N ai	4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
WIJ full n pl	15. MAIDEN NAME Shyllis G. Fassett	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
INLY, WI be carefu EATH in I	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
AINLY, d be ca DEATH	E (State or country)	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17, INFORMANT (Addrass)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
E B B	Place It haleyville more luy 12, 1936	Nature of injury.
-WRIT	19. UNDERTAKER Mrs. M. Kasha Malson	24. Was disease or Injury In eny way related to occupation of dacaased?
No. I E	(Address) Sellegelle, All	If so, specify
i Z	20. FILED 8 - 22, 1936 Jolen F. Haye	M (Signed) / Class of Corress M
	Registrar	(Address)
	Comment (Comment)	, (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 2 1880			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUF	THER STATEMENTS	BY	PHYSICIAN
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M) S	item of infor-	S should state	of OCCUPA-	
	RECORD. Every	7. PHYSICIAN	Exact statement	
R BINDING	PERMANENT	ed EXACTLY	erly classified.	icate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
MARGIN RE	H UNFADING	supplied. AGI	ain terms, so tha	See instructions
*	PLAIMY, WIT	ould be carefully	F DEATH in pla	ery important.
A.	-WRITE	mation she	CAUSE 0	TION is v

STATE OF MARYLAND—CERTIFICATE OF DEATH

	300	63	0.4	
118	1	P .	1	
1 ()	-0	1.7	6	
.,				

County	Worcester h. Showell			Registration Dist. No.		
Village or C	dence in city or town where	deeth occurred		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) . ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NA	ME Stillbon					
(a) Residen	ce: No	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
not det.	4. COLOR OR RACE B.		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Aug. 6 , 193 6 (Month) (Day) (Year)		
a. If married, widow HUSBAND of	ed, or divorced		-47.0			
(or) WIFE of				22. I HEREBY CERTIFY, That t attended deceased from		
المحمد المحالية	Λ.	ig. 6, 19	7.0	, 19, to, 19, 19		
AGE Yea	rs Months	Days	If LESS than 1 day,hrs. ormin.	I last saw h		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Stillborn Detections		
2. BIRTHPLACE (cit (State or cour			upation	Other Coutributory Causes of importance:		
1	orman Mumford	- country		-		
I	(city or town) Bis	hopville,	Md.	Name of operation Date of Date of Whet test confirmed diegnosis? Was there an autopsy?		
15. MAIDEN NA	ME Margaret	Smith		23. If death was due to external causes (VIOLENCE) filt in also the following:		
	(city or town)Sh country)	owell, Md	•	Accident, suicide, or homicide? Date of injury, 19		
17. thformant Nartha Maples (Address) Showell, Md.				(Specify city or town, county and State)		
8. BURIAL, CREMAT	owell Cem.	Date_Aug	g, 6 , ₁₉ 36	Manner of Injury		
9. UNDERTAKER (Address)	Father	***************************************		24. Was disease or injury In any way related to occupation of deceased?		
20. FILED Aug.	6 ₁₉ 36 J	ames L. F	Registrat	(Signed) James C. Reau Loc. Re		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of reattened related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12 12			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF D	A.mer			8200 45	1
County WO				Registration Dist. No. 20	/
Village or City	girdlet	cep	(1	Np. St., death occurred in a horpital or institution, give its NAME instead of street and	War
Length of residence	in city or town where	death occurred		ds. How long In U.S. if of foreign birth?yrsm	
2. FULL NAME	Ellen	Scarbou	such Soc	94_	
(a) Residence: N			0	St., Ward.	
		(Usual place of		If nonresident give city or town and	State
	AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. 0	OLOR OR RACE		(write the word)	21. DATE OF DEATH	. 193 6
5a. If married, widowed_or	While	Widow	200	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	- U	a al.		22. I HEREBY CERTIFY, That I attended	deceased fro
(1)	Vanille	0 2004	1	Ung. 26, 1936, to Ung. 22,	, 1934
6. DATE OF BIRTH (mont	, day, and year)	rarch 30.	1845	I last sawh_en_alive on_lang, 12, 1936	_; death is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atOm.	
91	1 4	1 23	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of one
8. Trade, profession, kind of work of SAWYER, BDD	or particular one, as SPINNER,	a seaso se re	1/2		
	ss in which				
	, as SILK MILL, NK, etc	mont to	ml	Toolosoph Thomasiliage	2.d
Time ageapation	worked at (month and		tin this har!	The state of the s	/
year)	(+)	1: + R	pation	Dther Contributary Causes of Importance:	
12. BIRTHPLACE (city or t (State or country)	MINOC (um	rouu . N	gues		
1	or Soon	oronal			-
Ī	3000	orough		No. of contract to	
14. BIRTHPLACE (city (State or coun		md		Name of operation Dete of What test confirmed diagnosis? Was there and	
15. MAIDEN NAME	Mary	Jana ou		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME	or town)	JONN VA	1	Accident, suicide, or homicide?	
State or coun			49	Where did Injury occur?	
17. INFORMANT A.	1. Quley		/	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	censtown	, Md			
18. BURIAL, CREMATION,	OR REMOVAL	ye Que	1 35 30	Manner of injury	
Place	year unit.	Date	1.0.0, 1904	Nature of Injury	
19. UNDERTAKER	capul &	h Degan	ell.	24. Was disease or injury in any way related to occupation of deceased?	10
(Address)	throw to	Hill	49-1-1	If so, specify O D D D D D D D D D D D D D D D D D D	1
20. FILED 8/2-4	,19362	Loy &	eleel	(Signed) Lottage of all selled	<u>М</u> .
	**		Registrar.	(Adress) Street Forty - Malinore, Requesting U. S. No. 1.	

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Perilonitis	3 days ago
1 1000	Other contributory causes of importance:	1 year
		Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95%
County Mulesler	Registration Dist. No. 352
Village or City Ocean City	No. Dradwill av Caushib St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredysmos.	1/
2. FULL NAME UNNIE S. Meallow	If U. S. Veteran, specify WAR,
(a) Residence: No. // Y Main	St., 9 Ward. Salishuy, Md.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident afvercity or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Servale Hite OR DIVORCED (write the word)	(Moph) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Slavel J. Thealten	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nav. 13, 1854	Plast sawh le alive on Grand 5/436; death is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stetad above, atm.
8/ 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and telated causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER, W. Name	arjance hoer lesen
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oate decaesad last worked et this occupation (month and	afleria geletores
work was dona, as SILK MILL, SAW MILL, BANK, etc.	tour recuies
10. Date decaesad last worked et this occupation (month and year)	
110.	Other Contributory Cause of importance:
12. BIRTHPLACE (city or town) (State or country)	Since
13. NAME Hilliam aydelatte	
13. NAME Alliam Cufalipate 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Clex Marshall 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was dua to external causes (VIOL ENCE) fill In also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Oate of injury, 19
(State or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT All All All (Address) Jalieburg Md.	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Salashuru 8/2/4/	Manner of Injury
Place district Control of 100,19	Neture of injury.
19. UNDERTAKER The Well A Grain Co. (Addrass) Salisland Officers	24. Was diseesa or injury in eny way ralated to occupation of dacaesed?
20. FILED 8/V/ ,1936 I Mufrell Registrar.	(Signed) 3 Voca La La Contra D. (Address) A Contra D. Co
The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ty. D.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

	County 140	rcester	No desa		Registration Dist. No.
	Village or Ci	lence in city or town where	leath occurrad	(li	ND. St., William St., St., St., William St.,
2	. FULL NAM	ME Louise M	illiama	5	If U. S. Veteran, specify WAR
	(a) Residence	e: No	(Uaual place	e of ahode)	St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
	male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH POCOMORE City. August 27th (Day) (Year)
5a.	If marriad, widows HUSBAND of (or) WIFE of	curley will	iams		22. I HEREBY CERTIFY. That I attanded dacassad f
6. E	DATE OF BIRTH	month, day, and year) No	v.9th.	1898.	I last saw h alive on, 19, death is
7. A	AGE Year	s Months	Days	If LESS than	to have occurred on the date stated above, at B SOP.m.
	37	9	16	I day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
OCCUPATI	SAW MIL 1D. Date decease this occup	ousiness in which done, as SILK MILL, L, BANK, atc	spi	time (yaars) entin this cupation	Probably Cancer of the Bladder (over)
12.	BIRTHPLACE (cit (Stata or coun	y or town) Poceme try) Lar	ke City	ž	Other Contributory Causes of Importanca:
ER	I3. NAME	John Fisher			
FATH	14. BIRTHPLACE (Stata or	(city or town) Stock country)	ten land.		
HER	15. MAIDEN NAT	ME hargaret	Aydelet	te	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (Stata or	(city or town) Horocountry)	stor Co	<u>inti</u>	Accident, suicide, or homicide?
17.		rgaret Ardo		Land.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.		ON, OR REMOVAL	Pyan 11.5	30th., 19 30	Manner of Injury
19.	(Addrass)	erusil comoko Cit	Stary	land.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Slened) Register

PHYSICIANS should state item of infor-Every IS A PERMANENT

of OCCUPA-

Exact statement

properly classified.

be

stated EXACTLY. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS AGE should be mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may V. S. No. 1 B

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

From information I get from Dr. F. W. Wilson this woman was in the Johns Hopkins Hospital in Baltimore and hospital in Salisbury Md.

signed John T. Riley Local Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. F.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	